WOUND CENTER

RECEIVED

NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

MAR 2 ' 2009

Primary Occupation physician e-mail *optional snow@crhc.org Work Phone 603-230-1 Name(s) of office, appointment, or employment with government physician member, Pesticide Control Board, Dept. of Agriculture, Markets, and Food A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived duralendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. 1. Margaret Snow, spouse, Dental Director State of NH, Dept. of Health and Human Services, Thayer Building, State Office Park West, Pleasant St., Co. 2. Margaret Snow, spouse, Dental Director State of NH, Dept. of Health and Human Services, Thayer Building, State Office Park West, Pleasant St., Co. 3.	15 II (12 2000								early	rint Cle	Type or
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reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a lid discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentiall financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category physician (self) and dentist (wife) 2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial services 7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ lodging beverages 12. Any business regulated by the Public of gambling 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resource 16. Agriculture 17. N.H. Business 8. Business Interest and Dividends Tax 5. Special interest 18. Optional: Specify any other area in whe special interest 18. Optional: Specify any other area in whe special interest 18. Optional: Special interest 18. Opti		lify	ncome does not quali	ent. My	following statem	r initials next to t	oy writing yo	come indicate	alifying ir	, se no dn	l f you ha
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Taxes: Profits Tax Enterprise Tax Dividends Tax special interest special interest special interest. I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:7 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a	ources	15. Water	14. Education	legal forms	g racing, or other		blic	lated by the Pu			
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shall be an absolute defense in any prosecution under this chapter that the person acted in reliance upon an advisory opinion on the subject issued under RSA 21-G:30, I(c). Print Form Signature of Reporting Individual Date		stement shall be gi on the subject issue	wingly files a false stat in advisory opinion on 	hapter or kno eliance upon	ovisions of this cl person acted in re	comply with the his chapter that the	wingly fails to	erson who kno	alty. Any ute defen	A:7 Pena in absolu i:30, I(c).	RSA 15 shall be a